

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

SEP 25 1935

1. PLACE OF DEATH

76

County Jefferson
Township Jefferson
City St. Louis

Registration District No. 643
Primary Registration District No. 5852

File No. 27214
Registered No. 1
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 - 35

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or min. 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bland Mo

13. NAME Wm. Lubring

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gascoyne Mo

15. MAIDEN NAME Ruby Durbin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deage Co Mo

17. INFORMANT (ADDRESS) Wm. Lubring Jr

18. BURIAL, CREMATION, OR REMOVAL PLACE Order Cem DATE Aug 15 1935

19. UNDERTAKER (ADDRESS) neighbors

20. FILED Sept 30 1935 Leone Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1935, to Aug 14, 1935
I last saw him alive on Aug 14, 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:
Premature birth Date of onset _____

Other contributory causes of importance: AS

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Ca. Bunge, M. D.
(Signed) _____ (Address) Bland Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

